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29922 75 ESC/JAZ U.S. AIR FORCE 40 WRIGHT ST.	90 01/14/2005	FEB 1 8 2005	CLE SOL	Cer I hereby certify that the States Postal Service vaddressed to the Mai	e of mailing or transmission. rtificate of Mailing or Tran nis Fee(s) Transmittal is beir with sufficient postage for fi 1 Stop ISSUE FEE address	smission ng deposited with the United stst class mail in an envelope s above, or being facsimile			
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2/22/2005 BABRAHA2 0000	1072261 1072261	Ke MAS	3	WILLIAM	G. AUTON	(Depositor's name)			
		RADEMA		SAIN YS		(Signature)			
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APPLICATION NO.	FILING DATE		FIRST NAMED	INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.			
10/722,611	11/28/2003		Richard A	A. Soref	Soref AFB00670				
TITLE OF INVENTION: STEMITTERS AND MODULA				ETERODIODE AND MULTI ICON	-QUANTUM-WELL PHO	TODETECTORS, LASERS,			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE			
nonprovisional	NO	\$1400		\$0	\$1400	04/14/2005			
EXAM	INER	ART UN	ır	CLASS-SUBCLASS]				
WILSON, ALLAN R		2815		257-022000	•				
1. Change of correspondence	address or indication of "F	ee Address" (37	2. For print	ting on the patent front page, li	st				
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT	(print or type)					
				ear on the patent. If an assign for filing an assignment.	nee is identified below, the	document has been filed for			
(A) NAME OF ASSIGNE			B) RESIDENCE: (CITY and STATE OR COUNTRY)						
United States	of America as R	epresented	ļ						
	ry of the Air F					_			
Please check the appropriate	assignee category or catego	ries (will not be pri	inted on the pa	atent): 🗖 Individual 🗖 C	orporation or other private g	roup entity XX Government			
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5. Change in Entity Status a. Applicant claims SM	(from status indicated above MALL ENTITY status. See	•	b. Applica	ant is no longer claiming SMA	LL ENTITY status. See 37 (CFR 1.27(g)(2).			
The Director of the USPTO NOTE: The Issue Fee and Printerest as shown by the reco	is requested to apply the Issublication Fee (if required) words of the United States Pat	ue Fee and Publicate vill not be accepted and Trademark	tion Fee (if and I from anyone Office.	y) or to re-apply any previous other than the applicant; a reg	ly paid issue fee to the applic istered attorney or agent; or	cation identified above. the assignee or other party in			
Authorized Signature Julia L. Siezel			Date 15 February 2005						
Typed or printed name	JULIAN L. SIEG	EL	Registration No. 22,407						
This collection of information	n is required by 37 CFR 1.3	11. The informatio	n is required t	o obtain or retain a benefit by		nd by the USPTO to process)			

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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		8 1000				. 0.0. 02. 7.1	TIMENT OF COMMENCE					
Effective 10/08/2004			Complete if Known									
Fees pursuant to the Consolidate Appropriations Act 2005 (H.R. 4818)			olication Number		10/722,611							
, , ,			ng Date		11/28/2003							
FEE TRANS	Fir	st Named Inventor		Richard A. Soref								
For FY 2005		Ex	aminer Name	Allan R. Wilson								
Applicant claims small entity status. See 37 CFR 1.27		Art	Unit	2815								
TOTAL AMOUNT OF (\$)1400.00 PAYMENT		0.00 Att	orney Docket Num	AFB00670								
METHOD OF PAYMENT	(check a	ll that apply)										
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):												
Deposit Account Deposit Account Number: <u>AF 01-0465</u> Deposit Account Name: Dept of the Air Force												
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Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee												
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of fee(s) under 37 CFR 1.16 and 1.17												
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FEE CALCULATION	Sitzation on P10-2	.036.										
1. BASIC FILING, SEARCH		ON FEES										
FII	LING FEES		RCH FEES		NATION FEES	_						
Application Type Fe	Small Ent e (\$) Fee (\$		Small Entit (\$) Fee (\$)	Y Fee	Small Entity (\$) Fee (\$)	-	Fees Paid (\$)					
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Provisional 20	00 100		0 0	(0	-						
EXCESS CLAIM FEES Fee Description Each claim over 20 (inclued and independent claim of Multiple dependent claims)	over 3 (including Re	eissues)			<u>Fee (\$)</u> 50 200 360	50 25 200 100						
<u>Total Claims</u>	Extra Claims	<u>Fee(\$)</u>	Fee Paid (<u>\$)</u>	<u>Multiple De</u>	ependent Cla	aims					
20 or HP =			- =		<u>Fee (\$)</u>	Fee Pa	aid (\$)					
HP = highest number of tota Indep. Claims	l claims paid for, if Extra Claims	greater than 20. Fee (\$)	Fee Paid (\$)									
- 3 or HP = HP = highest number of inde	pendent claims pa	= _ d for, if greater th	an 3.									
3. APPLICATION SIZE FEE If the specification and drawi the application size fee due i 1.16(s).	ngs exceed 100 sh	eets of paper (ex nall entity) for ea	cluding electronical	lly filed sequeets or fract	ence or computer li on thereof. See 35	stings under USC 41(a)(1	37 CFR 1.52(3)),)(G) and 37 CFR					
	xtra Sheets	Number of ea	ch additional 50	or fraction	hereof Fe	e (\$) F	ee Paid (\$)					
100 =		0	(round up to	a whole nui	mber) x	= _						
4. OTHER FEE(S)]	Fees Paid (\$)					
Non-English Specificati	•	•	ınt)			_						
Other (e.g. late filing su	rcharge): <u>Utilit</u>	y Issue Fee					\$1400.00					
SUBMITTED BY												
Signature	W: 1. 8	iesel		ration No.	22.407	Telephone	(781) 377-4072					
Name (Print/Type)	ULIAN L. SIEGI		(Accorr	ney/Agent)	<u> </u>	Date 02/	15/2005					